



1651
#8

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Daniel Balbierz *et al.*
APPLICATION No.: 09/823,910
FILED: March 30, 2001
FOR: **TISSUE BIOPSY AND TREATMENT APPARATUS
AND METHOD**

EXAMINER: UNKNOWN
ART UNIT: 1651
CONF. No: 7532

RECEIVED
MAR 11 2003
TECH CENTER 1600/2200

Transmittal of Power of Attorney by Assignee

Assistant Commissioner for Patents
Washington, D.C. 20231

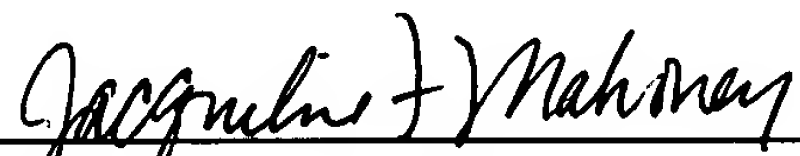
Sir:

Enclosed for filing in the above-identified application is a Power of Attorney by Assignee with certification under 37 CFR §3.73(b). Please address all future correspondence to:

Customer No. 22918
Perkins Coie LLP
P.O. Box 2168
Menlo Park, California 94026
(650) 838-4300

Respectfully submitted,
Perkins Coie LLP

Date: 3/3/03


Jacqueline F. Mahoney
Registration No. 48,390

Correspondence Address:

Customer No. 22918
Perkins Coie LLP
P.O. Box 2168
Menlo Park, California 94026
(650) 838-4300



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Daniel Balbierz *et al.*
APPLICATION No.: 09/823,910
FILED: March 30, 2001
FOR: **TISSUE BIOPSY AND TREATMENT APPARATUS
AND METHOD**

EXAMINER: UNKNOWN
ART UNIT: 1651
CONF. No: 7532

RECEIVED
MAR 11 2003
TECH CENTER 1600/2900

Power of Attorney by Assignee and Certification Under 37 CFR 3.73(b)

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

I, the undersigned, acting on behalf of the Assignee of the entire right, title and interest in the above-identified patent application, by virtue of the Assignment sent under separate cover for recordation in the U.S. Patent and Trademark Office, appoint the attorneys and agents listed below to prosecute this application and transact all business with the U.S. Patent and Trademark Office in connection therewith. This appointment is to the exclusion of the inventor(s) and their attorney(s) and agent(s) in accordance with the provisions of 37 CFR 3.71.

All prior powers of attorney for this application are hereby revoked. The Assignee hereby appoints STEPHEN E. ARNETT, Registration No. 47,392; BRIAN R. COLEMAN, Registration No. 39,145; CHRISTOPHER DALEY-WATSON, Registration No. 34,807; PETER J. DEHLINGER, Registration No. 28,006; DAVID BOGART DORT, Registration No. 50,213; LEEANN GORTHEY, Registration No. 37,337; PAUL L. HICKMAN, Registration No. 28,516; CATHERINE HONG TRAN, Registration


No. 43,960; EDWARD S. HOTCHKISS, Registration No. 33,904; KAREN Y. HUI, Registration No. 44,785; STEVEN KELLEY, Registration No. 43,449; TAMIZ KHAN, Registration No. 47,273; JONATHAN P. KUDLA, Registration No. 47,724; STEVEN D. LAWRENZ, Registration No. 37,376; KATHERINE D. LEE, Registration No. 44,865; JACQUELINE F. MAHONEY, Registration No. 48,390; JUDY M. MOHR, Registration No. 38,563; CHUN NG, Registration No. 36,878; PAUL T. PARKER, Registration No. 38,264; MAURICE J. PIRIO, Registration No. 33,273; CARINA M. TAN, Registration No. 45,769; MARK A. THOMAS, Registration No. 37,953; LARRY W. THROWER, Registration No. 47,994; JOHN M. WECHKIN, Registration No. 42,216; JAMES A.D. WHITE, Registration No. 43,985; ROBERT G. WOOLSTON, Registration No. 37,263; all affiliated with Perkins Coie LLP.

Direct all telephone calls to Jacqueline F. Mahoney at (650) 838-4410. Address all correspondence to:


Perkins Coie LLP
P. O. Box 2168
Menlo Park, CA 94026
Customer No. 22918

In accordance with 37 CFR 3.73(b), I hereby certify that I am empowered to act on behalf of the Assignee. To the best of my knowledge and belief, title is in the Assignee, as evidenced by the Assignment noted above.

I further declare that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, USC §1001 and that such willful false statements may jeopardize the validity of the this application or any patent resulting therefrom.

ASSIGNEE: Rita Medical Systems, Inc.
Signature: 
Typed Name: Stephen J. Williams
Title: Chief Operating Officer
Date: 2-27-03
Address: 967 North Shoreline Blvd, Mountain View, CA 94043



Form PTO-1595 (Rev. 10/02, modified)	RECORDATION FORM COVER SHEET PATENTS ONLY	U.S. Department of Commerce Patent and Trademark Office
To the Honorable Assistant Commissioner for Patents: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): Daniel J. Balbierz Theodore Johnson		2. Name/address of receiving party(ies): Rita Medical Systems, Inc. 967 North Shoreline Blvd. Mountain View, CA 94043
Add'l names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Reassignment <input type="checkbox"/> Other		
Execution date: <u>07/23/01</u> and <u>07/21/01</u> , respectively.		Add'l names of receiving parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Application number(s) and/or patent number(s): If this document is being filed with a new application, the date of signature by the first named inventor was: A. Patent Application No.(s) 09/823,910 B. Patent No.(s)		
Additional numbers attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: Customer No. 22918 Perkins Coie LLP P.O. Box 2168 Menlo Park, California 94026 (650) 838-4300		6. Total No. of applications and patents involved: <u>one (1)</u>
		7. Total fee (37 CFR §3.41): <u>\$40.00</u> <input checked="" type="checkbox"/> Check enclosed <input checked="" type="checkbox"/> Charge any underpayment to Deposit Account No. 50-2207
		8. Deposit Account No. 50-2207 (Attach duplicate copy of this page if paying by deposit account)
DO NOT USE THIS SPACE		
9. Statement and signature: <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i>		
Jacqueline F. Mahoney Name of Person Signing		
 Signature		
<u>3/3/03</u> Date		
Total number of pages, including cover sheet, attachments and document: <u>2</u>		